

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	101603617	FILING DATE
APPLICANT(S)		

7/16/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				2		
TOTAL DEP.						
TOTAL CLAIMS				15		

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IND.	DEP.	IND.	DEP.
51	/		
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99			
100			
TOTAL IND.	2		
TOTAL DEP.			
TOTAL CLAIMS	17		